



LIFE INSURANCE ELECTION

Federal Employees' Group Life Insurance Program

**See Privacy Act
Information on
Back of Part 3**

- 1 General Instructions:** By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic Life insurance. When you first become eligible for FEGLI, you have the choice of (1) electing Basic Life and any or all of the options, (2) electing Basic Life but declining all of the options, or (3) waiving all life insurance coverage. If you are changing your election, see the back of Part 3 - Employee Copy. **This election will supersede all previous elections.**
- To complete this form:
- Read the back of Part 3 - Employee Copy carefully
 - Type or print in ink.
 - Do not separate the parts. Your employing office will complete the form and return your copy to you. This form should be kept with your FEGLI booklet, *Description and Certification of Enrollment (RI 76-21)*.

2	Fill in identifying information		
	Name (Last) (First) (Middle)	Date of birth (month, day, year)	Social Security Number
	Employing department or agency	Agency location (City, State, ZIP code)	

- 3 To elect Basic Life,** sign and date below. If you do not elect Basic Life, you may not elect any form of optional insurance. If you do not want any insurance at all, skip to section 5.

Basic Life	I want the Basic Life Insurance. I authorize deductions to pay my share of the cost.	
	Signature (Do not print)	Date (month, day, year)

- 4 If you have elected Basic Life, you may elect any or all of the following options (UNLESS** you have previously declined any or all of these options, in which case you may only elect those options which you are eligible to elect as outlined in the FEGLI booklet). Sign the box(es) below for any option(s) you are eligible for and wish to elect. You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s). Further, if you decline one or more of the options, your opportunities to enroll in an option or increase your optional coverage are strictly limited. See "Conditions for Changing Election" in your FEGLI booklet.

Option A - Standard		Option B - Additional		Option C - Family							
I want Standard optional insurance. I authorize deductions to pay the full cost.		I want the Additional optional insurance in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost. (Indicate multiple by marking "X" in the appropriate box. Do not mark more than one box.) <table border="0"><tr><td><input type="checkbox"/> 1 times my pay</td><td><input type="checkbox"/> 4 times my pay</td></tr><tr><td><input type="checkbox"/> 2 times my pay</td><td><input type="checkbox"/> 5 times my pay</td></tr><tr><td><input type="checkbox"/> 3 times my pay</td><td></td></tr></table>		<input type="checkbox"/> 1 times my pay	<input type="checkbox"/> 4 times my pay	<input type="checkbox"/> 2 times my pay	<input type="checkbox"/> 5 times my pay	<input type="checkbox"/> 3 times my pay		I want the Family optional insurance. I understand that upon the death of my spouse I would receive \$5,000 and that upon the death of an eligible child I would receive \$2,500. I authorize deductions to pay the full cost.	
<input type="checkbox"/> 1 times my pay	<input type="checkbox"/> 4 times my pay										
<input type="checkbox"/> 2 times my pay	<input type="checkbox"/> 5 times my pay										
<input type="checkbox"/> 3 times my pay											
Signature (Do not print)	Date	Signature (Do not print)	Date	Signature (Do not print)	Date						

- 5 If you want NO life insurance coverage at all,** sign and date below.

Waiver of All Life Insurance Coverage	I want no insurance coverage at all. I understand that any insurance I have will stop at the end of the pay period in which my employing office receives this waiver and that I cannot get Basic Life insurance unless (1) I wait at least one year after I sign this form AND give satisfactory medical evidence of insurability, or (2) I have a break in Federal service of at least 180 days. I understand that I cannot get any optional insurance unless I first have Basic Life. I have read "Waiving or Changing Your Insurance Coverage" on the back of Part 3 and I understand that my decision to waive insurance coverage now may affect my eligibility for coverage as a retiree.	
	Signature (Do not print)	Date (month, day, year)

- 6 TO BE COMPLETED BY AGENCY. Agency remarks:**

Number of event permitting
change →
(See table on the back of Part 2)

Name and address of employing office	Date received in employing office (month, day, year)	Effective date of coverage (month, day, year)
I followed the instructions on the back of Part 1.		
Signature of authorized agency official		

The employee's copy of this form, when completed by the employing office, together with the FEGLI booklet, *The Federal Employees' Group Life Insurance Description and Certification of Enrollment (RI 76-21)*, constitute the employee's Certificate of Insurance.

PART 1 - File in Official Personnel Folder

INSTRUCTIONS TO EMPLOYING AGENCIES

1. Who must file this form -

- New employees eligible for insurance.
- Employees appointed to nonexcluded positions following service during which they were ineligible for insurance.
- Employees who want to change their insurance.
- Reinstated employees who filed a previous waiver of life insurance and who were separated from service for at least 180 days. The previous waiver is automatically canceled for this group.

Give a new employee a copy of the FEGLI booklet, *Description and certification of Enrollment* (henceforth referred to as the FEGLI booklet), when he or she reports for duty and ask the employee to return the completed SF 2817 as soon as possible (preferably before the end of the first pay period) but no later than 31 days after his or her appointment.

An employee with newly acquired insurance eligibility (for example, one transferred or converted from an excluded to a nonexcluded position or status) must be given the same opportunity to complete an SF 2817 as a new employee.

Employees with prior service in nonexcluded positions who were separated after March 31, 1981, will have an SF 2817 on file in their personnel folders, and that election or non-election of coverage remains in effect. A new SF 2817 should not be filed unless the employee has a break in Federal service of at least 180 days or wishes to cancel a previous waiver or declination that has been in effect for at least one year.

Note: Generally, the only amount of standard optional insurance (Option A-Standard) available is \$10,000. The standard optional insurance will exceed \$10,000 **only** if the combined total of the basic insurance amount plus the \$10,000 for this option is **less than** the employee's annual basic rate of pay (as defined in Section 870.302 of Title 5, Code of Federal Regulations). The amount of standard optional insurance will then be an amount which, when combined with the basic insurance amount, will equal the amount of the employee's basic rate actually payable (rounded to the next higher thousand dollars, if not an even thousand). The employee must pay the full cost of the standard optional insurance. Note in the Remarks section of Item 6 "employee's standard optional insurance exceeds \$10,000."

Until an employee's SF 2817 on file is verified, make deductions based on his or her statement about earlier insurance coverage in the employee's "Declaration of Appointee" (SF 61B).

An employee desiring to reduce his or her insurance may at any time file an SF 2817 declining any optional insurance, waiving Basic Life (and optional, if any) insurance or electing a lower multiple of pay under Option B - Additional.

An employee may request to elect or increase Basic Life, Option A - Standard, or Option B - Additional insurance (but **not** Option C), if a signed waiver has been in effect for more than one year. The employee must first submit a "Request for Insurance" (SF 2822). If approved, ask the employee to submit an SF 2817 showing his or her election.

An employee who is enrolled for Basic Life insurance may elect coverage under Option B - Additional insurance within 60 days of his or her marriage or the acquisition of an eligible child (see the FEGLI booklet).

An employee who is already enrolled in Option B - Additional for at least one multiple of pay may change to a higher multiple if he or she marries or acquires an eligible child (see the FEGLI booklet). The number of multiples by which coverage can be increased is limited to the number of new family members acquired.

An employee who is already enrolled for Basic Life insurance and marries or acquires an eligible child may enroll in Option C - Family within 60 days of the event.

2. Employee failing to file - If a new employee (or newly eligible employee does not promptly return an SF 2817, the employee should be urged to do so even if he or she does not want any optional insurance. (The employee will be covered automatically for Basic Life insurance.)

If an employee still fails to file an SF 2817 within 31 days after appointment (or becoming eligible for insurance), complete one for the employee as of that date; note in the Remarks section of Item 6, "employee contacted on (date) - failed to elect optional insurance."

3. Review of completed SF 2817 - Agencies should review the original and both copies of the SF 2817 to see that they are legible and complete. An SF 2817 is not complete if an employee signs the box for Option A - Standard, Option B - Additional, or Option C - Family, but fails to sign item 3, Basic Life.

Instruct the employee that, while the agency will make sure that the SF 2817 is complete, the employee is solely responsible for ensuring that the SF 2817 is correct; i.e., that the elections made accurately reflect the employee's intentions.

4. Completion of form - The Personnel Officer or his or her designated representative must confirm that the employee is eligible for the coverage that he or she has elected and sign the form.

5. Date received - Enter the date of receipt by the employing office.

6. Number of event permitting change - Enter the number of the event permitting a change, if applicable. See the Table of Effective Dates on the back of Part 2 for event numbers.

7. Effective date of coverage - Enter the effective date of coverage. This date is determined by the date of receipt in the employing office and the coverage elected. See the Table of Effective Dates on the back of Part 2.

8. Disposition of SF 2817 - After completion, remove Part 3 and return it to the employee. File Part 1 in the employee's personnel folder. Destroy Part 2 after payroll office use.



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Information on
Back of Part 3**

1 SF 50 Equivalents of Insurance Codes										
INSURANCE	SF 50	INSURANCE	SF 50	INSURANCE	SF 50	INSURANCE	SF 50	INSURANCE	SF 50	
Ineligible	A	1010	G	1120	L	1031	Q	1141	V	
0000	B	1110	H	1021	M	1131	R	1050	W	
1000	C	1011	I	1121	N	1040	S	1150	X	
1100	D	1111	J	1030	9	1140	T	1051	Y	
1001	E	1020	K	1130	P	1041	U	1151	Z	
1101	F									

2 Fill in identifying information			
Name (Last)	(First)	(Middle)	Date of birth (month, day, year)
Employing department or agency			Social Security Number
			Agency location (City, State, ZIP code)

3		In item 7: If employee submitted this election and this block is not signed, enter 0 in ALL FOUR boxes. If this block is signed, enter 1 in box 1. If agency submitted this election for employee, enter 1 in box 1.
Basic Life	Signature (Do not print)	Date (month, day, year)

4															
Option A - Standard		Option B - Additional													
In item 7, box 2: If this block is not signed, enter 0 If this block is signed, enter 1		If item 7, box 3: If this block is not signed, enter 0 If this block is signed, enter the number marked "X" below: <table><tr><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td><td>4</td></tr><tr><td><input type="checkbox"/></td><td>2</td><td><input type="checkbox"/></td><td>5</td></tr><tr><td><input type="checkbox"/></td><td>3</td><td></td><td></td></tr></table>		<input type="checkbox"/>	1	<input type="checkbox"/>	4	<input type="checkbox"/>	2	<input type="checkbox"/>	5	<input type="checkbox"/>	3		
<input type="checkbox"/>	1	<input type="checkbox"/>	4												
<input type="checkbox"/>	2	<input type="checkbox"/>	5												
<input type="checkbox"/>	3														
If item 7, box 4: If this block is not signed, enter 0 If this block is signed, enter 1															
Signature (Do not print)	Date	Signature (Do not print)	Date												

5 If you want NO life insurance coverage at all, sign and date below.	
Waiver of All Life Insurance Coverage	
	Signature (Do not print) Date (month, day, year)

6 TO BE COMPLETED BY AGENCY. Agency remarks:		Number of event permitting change (See table on the back of Part 2)
Name and address of employing office	Date received in employing office (month, day, year)	Effective date of coverage (month, day, year)
I followed the instructions on the back of Part 1.		
Signature of authorized agency official		

7 INSTRUCTIONS: Enter codes in the boxes on the right as directed in items 3 and 4 above. The SF 50 equivalents for each insurance code are shown in item 1. For additional information see FPM Supplement 292-1 and FPM Supplement 296-33.		INSURANCE CODE SF 50
		1 2 3 4 Equivalent
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PART 2 - For Agency Use

TABLE OF EFFECTIVE DATES: CHANGES IN LIFE INSURANCE ELECTION

Note: “Duty Status” means employee must actually be on duty at the workplace and not on annual or sick leave, excused absence, or otherwise absent from duty.

Event Allowing Change	Change Permitted? <i>(To enroll in any option, employee must enroll or be enrolled in Basic Life)</i>			
	Basic Life	Option A - Standard	Option B - Additional	Option C - Family
1. Approval of Request for Insurance (SF 2822) by OFEGLI.	Yes. Coverage is effective on the first day in pay and duty status after date of approval by OFEGLI. Deductions begin with pay period in which coverage begins. Time Limit --Employee must be in pay and duty status within 31 days after date of approval of SF 2822.	Yes. Coverage is effective on the first day in pay and duty status on or after date of approval by OFEGLI and SF 2817 is received by agency. Deductions begin with pay period in which coverage begins. Time Limit -- Employee must submit SF 2817 and be in pay and duty status within 31 days after date of approval of SF 2822.	Yes. Coverage is effective on the first day in pay and duty status on or after date of approval by OFEGLI and SF 2817 is received by agency. Deductions begin with pay period in which coverage begins. Time Limit --Employee must submit SF 2817 and be in pay and duty status within 31 days after date of approval of SF 2822.	No change permitted for this event.
2. Marriage or acquisition of an eligible child.	No change permitted for this event.	No change permitted for this event.	Yes. Employee may enroll and elect one multiple for each added family member. If employee is enrolled for one or more multiples, he or she may increase the multiples by one for each added family member. Coverage is effective the first day in pay and duty status on or after SF 2817 is received by agency. Deductions increase with pay period in which coverage increases. Time Limit -- SF 2817 must be received by agency within 60 days after date of event. (Time limit may be extended if event occurred during, or 60 days before, a period of separation.)	Yes. Coverage is effective on the day the SF 2817 is received by agency and Basic Life is in force. Deductions begin with pay period in which coverage begins. Time Limit - SF 2817 must be received within 60 days after date of event. (Time limit may be extended if event occurs during a period of separation, 60 days or less before separation, or during the year following waiver of Basic Life.)
3. Employee is reinstated after a break in service of at least 180 days in a position wherein he or she is not excluded from insurance by law or regulation.	Yes. Coverage is effective on the date the employee actually enters on duty in a pay status. If no new waiver is filed, Deductions begin with the pay period in which coverage is effective.	Yes. Coverage is effective on the first day in pay and duty status on or after the SF 2817 affirmatively electing such coverage is received by agency. Deductions begin with pay period in which coverage is effective. Time Limit - Employee must submit SF 2817 affirmatively electing such coverage to his or her agency within 31 days after reinstatement.	Same as Option A - Standard.	Same as Option A - Standard.
4. Employee returns to Federal service after a break in service of at least 180 days in a position wherein he or she is excluded from insurance by law or regulation.	No. However, if employee is later converted to a non-excluded position the coverage becomes effective on the first day in pay and duty status on or after being converted to such a position. Deductions begin with pay period in which coverage is effective.	No. However, if employee is later converted to a non-excluded position, the coverage is effective on the first day the employee is converted to such a position wherein he or she is in a pay and duty status on or after the SF 2817 affirmatively electing such coverage is received by agency. Deductions begin with pay period in which coverage is effective. Time Limit - Employee must submit SF 2817 affirmatively electing such coverage to his or her agency within 31 days after conversion.	Same as Option A - Standard.	Same as Option A - Standard.
5A. Employee's initial waiver or subsequent cancellation of life insurance coverage. or 5B. Employee elects to decrease optional coverage.	A. Yes. Coverage and deductions stop on the last day of the pay period in which the agency receives the SF 2817. Time Limit - None. Employee may waive coverage at any time. B. Not applicable.	A. Same as Basic Life. B. Not applicable.	A. Same as Basic Life. B. Yes. Employee may at any time reduce the number of multiples of pay. Coverage and deductions reduce effective on the first day of the pay period after the agency receives SF 2817.	A. Same as Basic Life. B. Not applicable.
6. Open Enrollment Period.	Yes. Subject to regulations issued for the Open Enrollment.	Same as Basic Life.	Same as Basic Life.	Same as Basic Life.



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 - Do not separate the parts. Your employing office will complete the form and return your copy to you. This form should be kept with your FEGLI booklet, *Description and Certification of Enrollment (RI 76-21)*.

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	Name (Last) (First) (Middle)	Date of birth (month, day, year)	Social Security Number
	Employing department or agency	Agency location (City, State, ZIP code)	

- 3 To elect Basic Life,** sign and date below. If you do not elect Basic Life, you may not elect any form of optional insurance. If you do not want any insurance at all, skip to section 5.

Basic Life	I want the Basic Life Insurance. I authorize deductions to pay my share of the cost.	
	Signature (Do not print)	Date (month, day, year)

- 4 If you have elected Basic Life, you may elect any or all of the following options (UNLESS you have previously declined any or all of these options, in which case you may only elect those options which you are eligible to elect as outlined in the FEGLI booklet). Sign the box(es) below for any option(s) you are eligible for and wish to elect. You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s). Further, if you decline one or more of the options, your opportunities to enroll in an option or increase your optional coverage are strictly limited. See "Conditions for Changing Election" in your FEGLI booklet.**

Option A - Standard	Option B - Additional	Option C - Family												
I want Standard optional insurance. I authorize deductions to pay the full cost.	I want the Additional optional insurance in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost. (Indicate multiple by marking "X" in the appropriate box. Do not mark more than one box.) <table><tr><td><input type="checkbox"/></td><td>1 times my pay</td><td><input type="checkbox"/></td><td>4 times my pay</td></tr><tr><td><input type="checkbox"/></td><td>2 times my pay</td><td><input type="checkbox"/></td><td>5 times my pay</td></tr><tr><td><input type="checkbox"/></td><td>3 times my pay</td><td></td><td></td></tr></table>	<input type="checkbox"/>	1 times my pay	<input type="checkbox"/>	4 times my pay	<input type="checkbox"/>	2 times my pay	<input type="checkbox"/>	5 times my pay	<input type="checkbox"/>	3 times my pay			I want the Family optional insurance. I understand that upon the death of my spouse I would receive \$5,000 and that upon the death of an eligible child I would receive \$2,500. I authorize deductions to pay the full cost.
<input type="checkbox"/>	1 times my pay	<input type="checkbox"/>	4 times my pay											
<input type="checkbox"/>	2 times my pay	<input type="checkbox"/>	5 times my pay											
<input type="checkbox"/>	3 times my pay													
Signature (Do not print)	Date	Signature (Do not print)	Date	Signature (Do not print)	Date									

- 5 If you want NO life insurance coverage at all,** sign and date below.

Waiver of All Life Insurance Coverage	I want no insurance coverage at all. I understand that any insurance I have will stop at the end of the pay period in which my employing office receives this waiver and that I cannot get Basic Life insurance unless (1) I wait at least one year after I sign this form AND give satisfactory medical evidence of insurability, or (2) I have a break in Federal service of at least 180 days. I understand that I cannot get any optional insurance unless I first have Basic Life. I have read "Waiving or Changing Your Insurance Coverage" on the back of Part 3 and I understand that my decision to waive insurance coverage now may affect my eligibility for coverage as a retiree.	
	Signature (Do not print)	Date (month, day, year)

- 6 TO BE COMPLETED BY AGENCY. Agency remarks:**

Number of event permitting
change
(See table on the back of Part 2) →

Name and address of employing office	Date received in employing office (month, day, year)	Effective date of coverage (month, day, year)
I followed the instructions on the back of Part 1.		
Signature of authorized agency official		

The employee's copy of this form, when completed by the employing office, together with the FEGLI booklet, *The Federal Employees' Group Life Insurance Description and Certification of Enrollment (RI 76-21)*, constitute the employee's Certificate of Insurance.

PART 3 - Employee Copy

INSTRUCTIONS TO EMPLOYEES

General Information

The major provisions of this program are described in the FEGLI booklet. *Description and Certification of Enrollment.* Please read the entire booklet carefully. Your **completed** copy of this election form and the FEGLI booklet constitute your certification of coverage. You do not need to name a beneficiary if you wish to have the death benefits of your insurance paid in the order of precedence listed in the FEGLI booklet. If you wish to name a beneficiary or change a prior designation, ask your employing office or retirement system for Standard Form 2823, the Designation of Beneficiary form.

New Employees

New employees eligible for insurance coverage, and employees newly eligible, must complete this form. You have 31 days from the date you are appointed, or first become eligible for insurance, to return this form to your employing office. **Basic Life deductions will be taken out of your salary automatically** from your first day in a duty (at work) and pay status unless you waive insurance by signing item 5 and give this form to your employing office before the end of your first pay period. You do not have any optional insurance unless you sign item 3 and one or more of the blocks in item 4 of this form, and return it to your employing office within 31 days.

Employees With Prior Government Service

All life insurance election or waiver on SF 2817 filed during a prior period of Federal employment stays in effect unless you change coverage or have a break in service of at least 180 days. If you have a break in service of **180 days or more**, your previous election or waiver is canceled and you are "newly eligible" (see "New Employees" above). If you have had a break in service of **less than 180 days** and were eligible in your last period of Federal employment, you should have an SF 2817 on file. In this case, your insurance in your new employment will be the same as you had then, or if you waived coverage then, the waiver is still in effect. If you want to change now, see "Waiving or Changing Your Insurance Coverage" below.

Reemployed Annuitants

If you waive your insurance as a reemployed annuitant, you also automatically waive your insurance as an annuitant and you will be totally without Federal life insurance.

How to Complete and Review Your Election Form

1. Follow the instructions for each item carefully.
2. After you fill out the form, review it to be sure it is complete and correct. The following checklist should help.
 - **If you sign Item 3**, you elect Basic Life. Do not also sign item 5. (You cannot elect **and** waive coverage.)
 - **If you sign any block in Item 4**, you must also sign Item 3. (To elect an option you must elect Basic Life.)
 - **If you sign Item 4 for Option B - Additional**, you must also mark one of the 5 boxes to show how many multiples of basic pay you wish to elect. Do not mark more than one.
 - **If you sign Item 5**, do not sign item 3 or any block in item 4. (You cannot elect **and** waive coverage.)

- **Be sure you sign for all options you want.** This election supersedes all previous ones. If you have optional coverage and wish to keep it, you must sign the appropriate box.

REMEMBER YOU ARE SOLELY RESPONSIBLE FOR ENSURING THAT YOUR SF 2817 IS CORRECT AND ACCURATELY REFLECTS YOUR INTENTIONS.

Waiving or Changing Your Insurance Coverage

If you waive Basic Life or decline one or more of the options, your opportunities to cancel your waiver or to enroll in an option you previously declined are strictly limited. See "Conditions for Changing Election" in your FEGLI booklet.

A waiver or cancellation of coverage may also affect your eligibility to continue coverage into retirement. You must meet the following requirements to continue Basic Life into retirement:

- 1) You must retire on an immediate annuity:
- 2) You must have been insured for Basic Life for either (a) the five years of service immediately before the commencing date of your annuity (or, for FERS annuitants who postpone their annuity commencing date, the 5 years immediately before the first of the month following your separation for retirement) or (b) the entire period during which coverage was available to you if insured for less than five years; and
- 3) You must not convert your Basic Life coverage.

If you are covered under FERS and qualify for an immediate annuity when you leave Federal service, but postpone the commencing date of your annuity, your life insurance terminates at the end of the pay period during which you separate. When your postponed annuity begins, the life insurance coverage you held immediately before separation resumes if requirement number 2 is met and you cancel any nongroup coverage you converted upon your separation.

Similar conditions must be met for continuation of optional insurance coverages into retirement. See "Continuation of Coverage After Retirement" in your FEGLI booklet.

How to Verify That Your Election Form is Completed

After your employing office processes your election form, you will receive an SF 50, Notice of Personnel Action. A code appearing on the SF 50 will explain your insurance coverage.

Privacy Act Statement

Chapter 87, title 5, U.S. Code, Federal Employees' Group Life Insurance, authorizes solicitation of this information. The data you furnish will be used to determine the type of life insurance coverage you shall receive. This information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs or law enforcement agencies, when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN) to distinguish you from people with similar names. Furnishing your SSN or other data is voluntary but failure to do so may result in OPM's inability to determine your life insurance coverage.